

B1 (Official Form 1)(04/13)

**United States Bankruptcy Court**  
**Northern District of Illinois**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Mueller, Katherine M.</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>xxx-xx-8287</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>2169 N. Dogwood Lane</b> <b>Palatine, IL</b> <div>ZIP Code <b>60074</b></div>	Street Address of Joint Debtor (No. and Street, City, and State): <div>ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Cook</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div>ZIP Code</div>	Mailing Address of Joint Debtor (if different from street address): <div>ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):	

<b>Type of Debtor</b> (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.

<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY										
Estimated Number of Creditors <table><tr><td><input type="checkbox"/> 1-49</td><td><input checked="" type="checkbox"/> 50-99</td><td><input type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> OVER 100,000</td></tr></table>		<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
<input type="checkbox"/> 1-49		<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000	
Estimated Assets <table><tr><td><input checked="" type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>		<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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Estimated Liabilities <table><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input checked="" type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>	<input type="checkbox"/> \$0 to \$50,000	<input checked="" type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	
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**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Mueller, Katherine M.****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

**- None -**

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X /s/ David M. Siegel****August 12, 2015**

Signature of Attorney for Debtor(s)

(Date)

**David M. Siegel****Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Mueller, Katherine M.****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Katherine M. Mueller**Signature of Debtor **Katherine M. Mueller****X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**August 12, 2015**

Date

**Signature of Attorney\*****X /s/ David M. Siegel**

Signature of Attorney for Debtor(s)

**David M. Siegel #06207611**

Printed Name of Attorney for Debtor(s)

**David M. Siegel & Associates**

Firm Name

**790 Chaddick Drive  
Wheeling, IL 60090**

Address

**(847) 520-8100**

Telephone Number

**August 12, 2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court  
Northern District of Illinois**

In re Katherine M. Mueller

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.

Page 2

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Katherine M. Mueller  
Katherine M. Mueller

Date: August 12, 2015

B6 Summary (Official Form 6 - Summary) (12/14)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Katherine M. Mueller**,  
Debtor

Case No. \_\_\_\_\_

Chapter **7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>3</b>	<b>2,950.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>1</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>0.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>1</b>		<b>0.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>20</b>		<b>84,837.00</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>440.00</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>470.00</b>
Total Number of Sheets of ALL Schedules		<b>33</b>			
Total Assets			<b>2,950.00</b>		
Total Liabilities				<b>84,837.00</b>	

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Katherine M. Mueller**,  
Debtor

Case No. \_\_\_\_\_

Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>16,491.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
TOTAL	<b>16,491.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	<b>440.00</b>
Average Expenses (from Schedule J, Line 22)	<b>470.00</b>
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14 )	<b>440.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>0.00</b>
4. Total from Schedule F		<b>84,837.00</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>84,837.00</b>

B6A (Official Form 6A) (12/07)

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property



B6B (Official Form 6B) (12/07)

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		TV & Furniture	-	500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Normal Apparel	-	400.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **900.00**  
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Katherine M. Mueller, Debtor Case No. \_\_\_\_\_

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		<b>Auto Accident/ Soft Tissue Tatooles Law Office James P. Tatooles 1098 S. Milwaukee Ave., Suite 100 Wheeling, IL 60090 847-541-4650</b>	<b>-</b>	<b>2,000.00</b>

Sub-Total > **2,000.00**  
(Total of this page)

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<b>X</b>			
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>2, Cats</b>		<b>-</b>	<b>50.00</b>
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total > **50.00**  
(Total of this page)  
Total > **2,950.00**

Sheet 2 of 2 continuation sheets attached  
to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/13)

In re Katherine M. Mueller, Debtor Case No. \_\_\_\_\_

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b><u>Household Goods and Furnishings</u></b>			
<b><u>TV &amp; Furniture</u></b>	<b>735 ILCS 5/12-1001(b)</b>	<b>500.00</b>	<b>500.00</b>
<b><u>Wearing Apparel</u></b>			
<b><u>Normal Apparel</u></b>	<b>735 ILCS 5/12-1001(a)</b>	<b>400.00</b>	<b>400.00</b>
<b><u>Other Contingent and Unliquidated Claims of Every Nature</u></b>			
<b><u>Auto Accident/ Soft Tissue</u></b>	<b>735 ILCS 5/12-1001(h)(4)</b>	<b>7,500.00</b>	<b>2,000.00</b>
<b>Tatooles Law Office</b> <b>James P. Tatooles</b> <b>1098 S. Milwaukee Ave., Suite 100</b> <b>Wheeling, IL 60090</b> <b>847-541-4650</b>			
<b><u>Animals</u></b>			
<b><u>2, Cats</u></b>	<b>735 ILCS 5/12-1001(b)</b>	<b>50.00</b>	<b>50.00</b>

Total: **8,450.00** **2,950.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **Katherine M. Mueller**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)								
Total (Report on Summary of Schedules)							<b>0.00</b>	<b>0.00</b>

0 continuation sheets attached

In re **Katherine M. Mueller**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6F (Official Form 6F) (12/07)

In re **Katherine M. Mueller**, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>6508</b>			<b>Medical</b>				<b>300.00</b>
<b>Advanced Allergists</b> <b>455 S. Roselle Rd,</b> <b>Suite #206</b> <b>Schaumburg, IL 60193</b>		-					
Account No. <b>xxxx2915</b>			<b>7/13 - 10/14</b> <b>Medical</b>				<b>130.00</b>
<b>Alexian Brothers Behavioral Health</b> <b>21272 Network Place</b> <b>Chicago, IL 60673-1212</b>		-					
Account No. <b>xxxx*xxxxxx514.1</b>			<b>9/13 - 11/13</b> <b>Collections</b>				<b>95.00</b>
<b>Alexian Brothers ER/CP</b> <b>c/o Alliance Laboratory Physicians</b> <b>PO Box 5968</b> <b>Carol Stream, IL 60197-5968</b>		-					
Account No.			<b>Collections</b>				<b>982.00</b>
<b>Alexian Brothers Medical Center</b> <b>800 Biesterfield Rd.</b> <b>Elk Grove Village, IL 60007</b>		-					
Subtotal (Total of this page)							<b>1,507.00</b>

19 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx*xxxxxx917.1</b>		<b>12/13 - 1/14 Collections</b>				<b>328.00</b>
<b>Alexian Brothers OP/AP c/o Alliance Pathology Consultants PO Box 5967 Carol Stream, IL 60197-5967</b>	-					
Account No. <b>multi accounts</b>		<b>12/13 - 1/14 Collections</b>				<b>1,180.00</b>
<b>Allergy &amp; Asthma Associates c/o Creditors Coll. Bureau, Inc. PO Box 14022 Wixom, MI 48393-1022</b>	-					
Account No. <b>xx0658</b>		<b>7/14 Collections</b>				<b>1,140.00</b>
<b>Allergy &amp; Asthma Clinics 1315 N Highland Ave Suite 202 Aurora, IL 60506-1402</b>	-					
Account No. <b>xx3837</b>		<b>1/14 Collections</b>				<b>1,378.00</b>
<b>Alliance Laboratory Physicians Ltd 8085 Rivers Ave Suite 100 N. Charleston, SC 29406-5967</b>	-					
Account No. <b>xx3837</b>		<b>6/14 Medical/Collections</b>				<b>631.00</b>
<b>Alliance Pathology Cons c/o OAC PO Box 500 Baraboo, WI 53913-0500</b>	-					
Sheet no. <u>1</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>4,657.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>3166</b>  <b>Arlington Ridge Pathology S.C.</b> <b>520 E. 22nd St.</b> <b>Lombard, IL 60148</b>	-	<b>9/13</b> <b>Medical</b>				<b>126.00</b>
Account No. <b>xxxxxxx &amp; xxxxx3895</b>  <b>Aurora Health Care</b> <b>PO Box 091700</b> <b>Milwaukee, WI 53209-8700</b>	-	<b>5/14</b> <b>Collections</b>				<b>3,102.00</b>
Account No. <b>xx2130</b>  <b>Best Practices Inpatient Care, LTD.</b> <b>PO Box 268</b> <b>Lake Zurich, IL 60047-0268</b>	-	<b>6/12 - 2/13</b> <b>Collections</b>				<b>525.00</b>
Account No. <b>xxxxxxxx0084</b>  <b>Best Practices of Northwest, SC</b> <b>PO Box 23419</b> <b>Jacksonville, FL 32241-4419</b>	-	<b>8/12</b> <b>Medical</b>				<b>342.00</b>
Account No.  <b>Cardiovascular Associates</b> <b>5700 Cleveland St</b> <b>Suite 228</b> <b>Virginia Beach, VA 23462-1752</b>	-	<b>Medical</b>				<b>82.00</b>
Sheet no. <u>2</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>4,177.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Collections</b>				
<b>Center for Digestive Health 725 Cherrington Parkway Moon Township, PA 15108</b>	-					<b>583.00</b>
Account No. <b>xxx x0531</b>		<b>1/14 Collections</b>				
<b>Cepamerica Illinois, LLP PO Box 582663 Modesto, CA 95358-0046</b>	-					<b>414.00</b>
Account No. <b>xxx x2283</b>		<b>7/14 - 8/14 Medical</b>				
<b>Cepamerica Illinois, LLP PO Box 582663 Modesto, CA 95358-0046</b>	-					<b>476.00</b>
Account No. <b>xxx x9514</b>		<b>8/14 - 9/14 Medical</b>				
<b>Cepamerica Illinois, LLP PO Box 582663 Modesto, CA 95358-0046</b>	-					<b>568.00</b>
Account No. <b>xxx x9437</b>		<b>7/14 - 8/14 Medical</b>				
<b>Cepamerica Illinois, LLP PO Box 582663 Modesto, CA 95358-0046</b>	-					<b>568.00</b>
Sheet no. <u>3</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>2,609.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx x6369</b>  <b>Cepamero Illinois, LLP</b> <b>PO Box 582663</b> <b>Modesto, CA 95358-0046</b>	-	<b>13/13 - 2/14</b> <b>Medical</b>				<b>53.00</b>
Account No. <b>xx/xxxx4944</b>  <b>Comprehensive Urologic Care SC</b> <b>GGT SC</b> <b>22285 Pepper Road, Ste 201</b> <b>Lake Barrington, IL 60010-2540</b>	-	<b>9/14</b> <b>Medical</b>				<b>724.00</b>
Account No. <b>xxxxxx-xx5820</b>  <b>Elk Grove Radiology</b> <b>c/o Creditors Discount &amp; Audit Co.</b> <b>415 Main St.</b> <b>Streator, IL 61364</b>	-	<b>8/14</b> <b>Collections</b>				<b>1,018.00</b>
Account No. <b>xxxxxx-xx5820</b>  <b>Elk Grove Radiology, S.C.</b> <b>9410 Campubill Drive</b> <b>Orland Park, IL 60462-2627</b>	-	<b>2/14</b> <b>Collections</b>				<b>1,164.00</b>
Account No. <b>8014</b>  <b>Elk Grove, LLC</b> <b>3429 Regal Drive</b> <b>Alcoa, TN 37701-3265</b>	-	<b>Collections</b>				<b>5,074.00</b>
Sheet no. <u>4</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>8,033.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx2350</b>		<b>4/14</b>				
<b>ERMEd SC</b> <b>7071 South 13th # 104</b> <b>Oak Creek, WI 53154-1475</b>	-	<b>Collections</b>				<b>663.00</b>
Account No.		<b>Student Loan</b>				
<b>Fedloan Servicing</b> <b>PO Box 60610</b> <b>Harrisburg, PA 17106</b>	-					<b>3,500.00</b>
Account No.		<b>Student Loan</b>				
<b>Fedloan Servicing</b> <b>PO Box 60610</b> <b>Harrisburg, PA 17106</b>	-					<b>2,265.00</b>
Account No.		<b>Student Loan</b>				
<b>Fedloan Servicing</b> <b>PO Box 60610</b> <b>Harrisburg, PA 17106</b>	-					<b>2,250.00</b>
Account No.		<b>Student Loan</b>				
<b>Fedloan Servicing</b> <b>PO Box 60610</b> <b>Harrisburg, PA 17106</b>	-					<b>1,085.00</b>
Sheet no. <b>5</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>9,763.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No.		-	Student Loan				1,250.00	
Fedloan Servicing PO Box 60610 Harrisburg, PA 17106								
Account No.		-	Student Loan				533.00	
Fedloan Servicing US Department of Education PO Box 530210 Atlanta, GA 30353-0210								
Account No.		-	Student Loan				507.00	
Fedloan Servicing PO Box 60610 Harrisburg, PA 17106								
Account No. xxxx2459		-	12/13 - 1/14 Medical				55.00	
Francis Cheng MD 1345 Wiley Rd., Ste. 111 Schaumburg, IL 60173-4356								
Account No. xxxxx0958		-	6/14 - 10/14 Medical				524.00	
Genova Diagnostics PO Box 3220 Asheville, NC 28802-3220								
Sheet no. <u>6</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,869.00

B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Debtor Case No. \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx4892</b>  <b>Genova Diagnostics</b> <b>PO Box 3220</b> <b>Asheville, NC 28802-3220</b>	-	<b>7/13 - 6/14</b> <b>Collections</b>				<b>195.00</b>
Account No. <b>multi accounts</b>  <b>GI Associates, LLC</b> <b>3033 S 27th Street</b> <b>Suite 202</b> <b>Milwaukee, WI 53215-3600</b>	-	<b>9/14</b> <b>Medical</b>				<b>2,893.00</b>
Account No. <b>1980</b>  <b>GI Pathology</b> <b>PO Box 1000</b> <b>Dept 461</b> <b>Memphis, TN 38148-0001</b>	-	<b>12/13</b> <b>Medical</b>				<b>137.00</b>
Account No. <b>xxx9922</b>  <b>Infectious Disease Associates, PC</b> <b>PO Box 309</b> <b>Itasca, IL 60143-0309</b>	-	<b>10/13 - 4/14</b> <b>Collections</b>				<b>645.00</b>
Account No. <b>xxxx3600</b>  <b>Infinity Healthcare Physicians</b> <b>c/o Nationwide Credit Corporation</b> <b>PO Box 1022</b> <b>Wixom, MI 48393-1022</b>	-	<b>2/14</b> <b>Collections</b>				<b>312.00</b>
Sheet no. <u>7</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>4,182.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx2352</b>  <b>Inpatient Consultants of IL</b> <b>PO Box 92934</b> <b>Los Angeles, CA 90009</b>	-	<b>12/13 - 2/16</b> <b>Medical</b>				<b>331.00</b>
Account No.  <b>Inpatient Consultants of IL</b> <b>800 W Central Rd</b> <b>Arlington Heights, IL 60005</b>	-	<b>Collections</b>				<b>1,816.00</b>
Account No. <b>xxxxA001</b>  <b>Khursheed Ahmed MD SC</b> <b>33 W. Higgins Rd., Ste. 5100</b> <b>South Barrington, IL 60010-9115</b>	-	<b>9/13 - 10/13</b> <b>Medical</b>				<b>274.00</b>
Account No. <b>xxx xxxxxx2A16</b>  <b>Laboratory Corp. of America</b> <b>PO Box 2240</b> <b>Burlington, NC 27216-2240</b>	-	<b>4/13 - 10/14</b> <b>Collections</b>				<b>4,755.00</b>
Account No. <b>multi accounts</b>  <b>Lake Cook Orthopedic Associates</b> <b>27401 W. Hwy. 22, Ste. 125</b> <b>Barrington, IL 60010</b>	-	<b>10/14</b> <b>Collections</b>				<b>370.00</b>
Sheet no. <u>8</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>7,546.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Collections</b>				
<b>Lake County Radiology</b> <b>209 Peterson Road</b> <b>Libertyville, IL 60048</b>	-					<b>43.00</b>
Account No. <b>xx7015</b>		<b>3/14</b> <b>Medical</b>				
<b>Lakeshore Gastroenterology</b> <b>PO Box 14905</b> <b>Chicago, IL 60614</b>	-					<b>294.00</b>
Account No. <b>8023</b>		<b>/8/14</b> <b>Medical</b>				
<b>Midwest Emergency Associates</b> <b>3429 Regal Drive</b> <b>Alcoa, TN 37701-3265</b>	-					<b>821.00</b>
Account No. <b>xxxx1180</b>		<b>8/13 - 10/14</b> <b>Collections</b>				
<b>Neurodiagnostic Consultants</b> <b>395 E Dundee Road</b> <b>Wheeling, IL 60090</b>	-					<b>384.00</b>
Account No. <b>xxx4208</b>		<b>4/14</b> <b>Medical</b>				
<b>North Shore University Healthsystem</b> <b>Billing Department</b> <b>23056 Network Place</b> <b>Chicago, IL 60673-1230</b>	-					<b>135.00</b>
Sheet no. <u>9</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,677.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx7236</b>  <b>Northshore Univ. Healthsystem</b> <b>9851 Eagle Way</b> <b>Chicago, IL 60678-1098</b>	-	<b>12/13 - 10/14</b> <b>Collections</b>				<b>79.00</b>
Account No. <b>xxxxxxxx-xxxxxx9996</b>  <b>Northshore University Healthsystem</b> <b>c/o: Van Ru Credit Corp.</b> <b>1350 E. Touhy Ave. Ste 100E</b> <b>Des Plaines, IL 60018-3307</b>	-	<b>9/14</b> <b>Collections</b>				<b>135.00</b>
Account No. <b>xx0950</b>  <b>Northwest Cardio-Vascular Assoc. SC</b> <b>880 W. Central Road, Ste. 7100</b> <b>Arlington Heights, IL 60005-2379</b>	-	<b>5/12 - 11/12</b> <b>Medical</b>				<b>95.00</b>
Account No. <b>multi accounts</b>  <b>Northwest Community Hospital</b> <b>800 W. Central Road</b> <b>Arlington Heights, IL 60005</b>	-	<b>Collections</b>				<b>569.00</b>
Account No. <b>xx4576</b>  <b>Northwest Health Care Associates</b> <b>1555 Barrington Road</b> <b>Suite 2300A</b> <b>Hoffman Estates, IL 60169</b>	-	<b>1/14</b> <b>Medical</b>				<b>970.00</b>
Sheet no. <u>10</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,848.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx6213</b>  <b>Northwest Health Care Assocs.</b> <b>c/o Jeffrey H. Jordan</b> <b>PO Box 30863</b> <b>Gahanna, OH 43230</b>	-	<b>10/14</b> <b>Collections</b>				<b>1,117.00</b>
Account No. <b>5530</b>  <b>Northwest Heart Specialists S.C.</b> <b>1632 West Central Road</b> <b>Arlington Heights, IL 60005</b>	-	<b>1/13</b> <b>Medical</b>				<b>500.00</b>
Account No. <b>xx5615</b>  <b>Northwest Neurology, Ltd</b> <b>22285 Pepper Rd</b> <b>Suite 401</b> <b>Lake Barrington, IL 60010-2542</b>	-	<b>8/13 - 2/14</b> <b>Medical</b>				<b>175.00</b>
Account No. <b>xx-xxxxx0130</b>  <b>Northwest Neurosurgery Institu</b> <b>880 Central Road</b> <b>Arlington Heights, IL 60005</b>	-	<b>10/14</b> <b>Collections</b>				<b>175.00</b>
Account No. <b>x1472</b>  <b>Northwest Oncology &amp; Hematology</b> <b>SC</b> <b>3701 Algonquin Road</b> <b>Suite 900</b> <b>Rolling Meadows, IL 60008</b>	-	<b>2/14 - 5/14</b> <b>Medical</b>				<b>488.00</b>
Sheet no. <u>11</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>2,455.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>3166</b>		<b>Collections</b>				
<b>Northwest Radiology Associates</b> <b>520 E. 22nd St.</b> <b>Lombard, IL 60148</b>	-					<b>98.00</b>
Account No. <b>9751</b>		<b>2/13 Medical</b>				
<b>Northwest Suburban Anesthesiologist</b> <b>PO Box 1259, Dept. 92667</b> <b>Oaks, PA 19456</b>	-					<b>546.00</b>
Account No. <b>xxxx4047</b>		<b>10/13 - 10/14 Collections</b>				
<b>Northwest Suburban Medical</b> <b>c/o LCA Collections</b> <b>PO Box 2240</b> <b>Burlington, NC 27216-2240</b>	-					<b>77.00</b>
Account No. <b>2463</b>		<b>7/13 Medical</b>				
<b>Northwest Suburban Medical Group</b> <b>2500 West Higgins Road</b> <b>Suite 340</b> <b>Hoffman Estates, IL 60169-7207</b>	-					<b>1,665.00</b>
Account No. <b>2224</b>		<b>4/13 Medical</b>				
<b>Northwest Suburban Physicians, LLC</b> <b>5999 New Wilke Road</b> <b>Suite 200, Building 2</b> <b>Rolling Meadows, IL 60008-4502</b>	-					<b>415.00</b>
Sheet no. <u>12</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>2,801.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>0257</b>		<b>Collections</b>				
<b>Northwestern Medical Faculty Founda</b> <b>26609 Network Place</b> <b>Chicago, IL 60673-1266</b>	-					<b>591.00</b>
Account No. <b>7483</b>		<b>Medical</b>				
<b>Northwestern Memorial Hospital</b> <b>PO Box 73690</b> <b>Chicago, IL 60673-7690</b>	-					<b>94.00</b>
Account No. <b>4576</b>		<b>7/13 Medical</b>				
<b>NWHC Business Office</b> <b>2500 W. Higgins Road</b> <b>Suite 505</b> <b>Hoffman Estates, IL 60169-2171</b>	-					<b>1,270.00</b>
Account No. <b>9198</b>		<b>Medical</b>				
<b>Palatine Fire Department</b> <b>PO Box 457</b> <b>Wheeling, IL 60090</b>	-					<b>574.00</b>
Account No.		<b>Collections</b>				
<b>Pendrick Capital Partners</b> <b>6029 Ridge Ford Drive</b> <b>Burke, VA 22015-3650</b>	-					<b>258.00</b>
Sheet no. <u>13</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>2,787.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Collections</b>				
<b>Pendrick Inf Level Pinnacle Management 514 Market Loop, Ste. 103 West Dundee, IL 60118-2181</b>	-					<b>258.00</b>
Account No. <b>5714</b>		<b>7/13 Medical</b>				
<b>Phillip L Cacioppo, MD, SC 800 Biesterfield Road Wimmer Suite 202 Elk Grove Village, IL 60007</b>	-					<b>562.00</b>
Account No. <b>multi accounts</b>		<b>4/14 Medical</b>				
<b>Quest Diagnostics Attn: Patient Billing 1355 Mittl Boulevard Wood Dale, IL 60191-1024</b>	-					<b>256.00</b>
Account No. <b>mulit accounts</b>		<b>10/14 Collections</b>				
<b>Radiology Consult LTD 360 W. Butterfield # 340 Elmhurst, IL 60126</b>	-					<b>3,476.00</b>
Account No. <b>0009</b>		<b>5/13 Medical</b>				
<b>Resurrection Health Care 100 North River Road Des Plaines, IL 60016</b>	-					<b>726.00</b>
Sheet no. <u>14</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>5,278.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>8488</b>  <b>Robert W Boxer, Md, Sc</b> <b>5500 Skokie Blvd</b> <b>Suite 140</b> <b>Northbrook, IL 60062-2811</b>	-	<b>6/13</b> <b>Medical</b>				<b>1,000.00</b>
Account No. <b>xxxxx-xxxxxx7191</b>  <b>Schaumburg Medicine &amp;</b> <b>Endocrinology</b> <b>1439 W Schaumburg Road</b> <b>Schaumburg, IL 60194</b>	-	<b>3/14</b> <b>Collections</b>				<b>300.00</b>
Account No. <b>2318</b>  <b>Sigma Health PC</b> <b>10640 165th Street</b> <b>Orland Park, IL 60467</b>	-	<b>6/13</b> <b>Collections</b>				<b>395.00</b>
Account No. <b>xxxx*xxxxx162.1</b>  <b>St. Alexian Brothers ER/CP</b> <b>800 Biesterfield road</b> <b>Elk Grove Village, IL 60007</b>	-	<b>9/13 - 12/13</b> <b>Collections</b>				<b>41.00</b>
Account No. <b>xxxx*xxxxxxx141.1</b>  <b>St. Alexian Brothers ER/CP</b> <b>800 Biesterfield road</b> <b>Elk Grove Village, IL 60007</b>	-	<b>9/13 - 12/13</b> <b>Collections</b>				<b>95.00</b>
Sheet no. <u>15</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,831.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx*xxxxxxx217.1</b>  <b>St. Alexius MED CTR-BEHAV</b> <b>1650 Moon Lake Blvd</b> <b>Hoffman Estates, IL 60169</b>	-	<b>7/13 - 10/13</b> <b>Collections</b>				<b>44.00</b>
Account No. <b>xxxxxx &amp; xxxx*xxxxx015.1</b>  <b>St. Alexius Medical Center</b> <b>PO Box 3495</b> <b>Toledo, OH 43607</b>	-	<b>5/14</b> <b>Collections</b>				<b>35.00</b>
Account No.  <b>Superior Ground Amb Serv</b> <b>PO Box 1407</b> <b>Elmhurst, IL 60126</b>	-	<b>Collections</b>				<b>829.00</b>
Account No. <b>xx1211</b>  <b>The Center for Digestive Health Ltd</b> <b>3033 S 27th Street</b> <b>Suite 202</b> <b>Milwaukee, WI 53215-3600</b>	-	<b>5/14</b> <b>Medical</b>				<b>583.00</b>
Account No.  <b>Tricounty Emrg Physicians</b> <b>1600 High Street</b> <b>Pottstown, PA 19464</b>	-	<b>Collections</b>				<b>202.00</b>
Sheet no. <u>16</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,693.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx-xx0998</b>  <b>United Health Care 1</b> <b>c/o Village of Arlington Heights</b> <b>PO Box 95349</b> <b>Palatine, IL 60095-0349</b>	-	<b>10/13 - 1/14</b> <b>Collections</b>				<b>600.00</b>
Account No. <b>xx-xx9198</b>  <b>United Health Care 1</b> <b>c/o Palatine Fire Department</b> <b>PO Box 457</b> <b>Wheeling, IL 60090-0457</b>	-	<b>9/13 - 1/14</b> <b>Collections</b>				<b>574.00</b>
Account No. <b>7213</b>  <b>University of Illinois</b> <b>Hospital &amp; Health Sciences Systems</b> <b>PO Box 12199</b> <b>Chicago, IL 60612-0199</b>	-	<b>9/13</b> <b>Medical</b>				<b>2,664.00</b>
Account No.  <b>University of Illinois Medical Ctr</b> <b>PO Box 12199</b> <b>Chicago, IL 60612-0199</b>	-	<b>Collections</b>				<b>248.00</b>
Account No. <b>5582</b>  <b>University of Illinois Physicians G</b> <b>1175 Devin Drive</b> <b>Suite 173</b> <b>Norton Shores, MI 49441</b>	-	<b>Medical</b>				<b>1,724.00</b>
Sheet no. <u>17</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>5,810.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx-xxxxx0357</b>		<b>9/14</b>				
<b>Village of Arlington Heights</b> <b>PO Box 95349</b> <b>Palatine, IL 60095-0349</b>	-	<b>Collections</b>				<b>600.00</b>
Account No.		<b>Collections</b>				
<b>Village of Buffalo Grove Fire Depar</b> <b>109 Deerfield Pkwy</b> <b>Buffalo Grove, IL 60089</b>	-					<b>795.00</b>
Account No. <b>multi accounts</b>		<b>7/13</b>				
<b>Village of Hoffman Estates</b> <b>Department 2H</b> <b>PO Box 457</b> <b>Wheeling, IL 60090</b>	-	<b>Medical</b>				<b>655.00</b>
Account No. <b>8482</b>		<b>Collections</b>				
<b>Village of Lake Zurich - Ambulance</b> <b>Andres Medical Billing</b> <b>3343 N Ridge Ave</b> <b>Arlington Heights, IL 60004</b>	-					<b>767.00</b>
Account No.		<b>Collections</b>				
<b>Wellington Radiology</b> <b>2509 S. Stoughton Rd.</b> <b>Madison, WI 53716-3314</b>	-					<b>368.00</b>
Sheet no. <u>18</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>3,185.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx6871</b>  <b>Wells Fargo</b> <b>Student Loan</b> <b>PO Box 84712</b> <b>Sioux Falls, SD 57117</b>	-	<b>4/14</b> <b>Student Loan</b>				<b>5,101.00</b>
Account No. <b>8828</b>  <b>Wells Fargo (Credit Cards)</b> <b>Bankruptcy Department</b> <b>4137 121st Street</b> <b>Urbandale, IA 50323</b>	-	<b>Purchases</b>				<b>1,496.00</b>
Account No. <b>xx-xx5750</b>  <b>West Sub Healthcare Med Group</b> <b>52256 Eagle Way</b> <b>Chicago, IL 60678-1522</b>	-	<b>6/14 - 9/14</b> <b>Collections</b>				<b>587.00</b>
Account No. <b>xxxxx2864</b>  <b>Womancare PC</b> <b>369 N. Northwest Highway</b> <b>Palatine, IL 60067-2414</b>	-	<b>12/13 - 8/14</b> <b>Collections</b>				<b>2,278.00</b>
Account No. <b>xxxx6433</b>  <b>Womancare, PC</b> <b>c/o LCA Collections</b> <b>PO Box 2240</b> <b>Burlington, NC 27216-2240</b>	-	<b>4/13 -11/13</b> <b>Collections</b>				<b>667.00</b>
Sheet no. <u>19</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)  <b>10,129.00</b>
(Report on Summary of Schedules)						<b>Total</b> <b>84,837.00</b>

B6G (Official Form 6G) (12/07)

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
<b>Sadasivan Krishnamoorthy</b> <b>40 Portshire Drive</b> <b>Lincolnshire, IL 60069</b>	<b>Lease Yearly</b> <b>Expires 4/14</b>

B6H (Official Form 6H) (12/07)

In re Katherine M. Mueller, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
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0

\_\_\_\_\_ continuation sheets attached to Schedule of Codebtors

Fill in this information to identify your case:

Debtor 1 Katherine M. MuellerDebtor 2  
(Spouse, if filing)United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOISCase number  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form B 61

## Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

## 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

## Employment status

## Occupation

## Employer's name

## Employer's address

## How long employed there?

## Debtor 1

- ☐ Employed
- ☒ Not employed

## Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

## Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>N/A</u>

Debtor 1 **Katherine M. Mueller**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>0.00</b>	\$ <b>N/A</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>0.00</b>	\$ <b>N/A</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>N/A</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>N/A</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>N/A</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>N/A</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>N/A</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>N/A</b>
5h. Other deductions. Specify: _____	5h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>0.00</b>	\$ <b>N/A</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>0.00</b>	\$ <b>N/A</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>N/A</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>N/A</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>N/A</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>N/A</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>N/A</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <b>Public Aid</b>	8f. \$ <b>440.00</b>	\$ <b>N/A</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>N/A</b>
8h. Other monthly income. Specify: _____	8h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>440.00</b>	\$ <b>N/A</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>440.00</b> + \$ <b>N/A</b>	= \$ <b>440.00</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____		
	11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <b>440.00</b>	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 Katherine M. Mueller

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

## Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

## 5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Katherine M. Mueller**

Case number (if known)

<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<b>0.00</b>
6b. Water, sewer, garbage collection	6b. \$	<b>0.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>0.00</b>
6d. Other. Specify: _____	6d. \$	<b>0.00</b>
<b>7. Food and housekeeping supplies</b>	7. \$	<b>300.00</b>
<b>8. Childcare and children's education costs</b>	8. \$	<b>0.00</b>
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<b>70.00</b>
<b>10. Personal care products and services</b>	10. \$	<b>0.00</b>
<b>11. Medical and dental expenses</b>	11. \$	<b>0.00</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>100.00</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>0.00</b>
<b>14. Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<b>0.00</b>
15b. Health insurance	15b. \$	<b>0.00</b>
15c. Vehicle insurance	15c. \$	<b>0.00</b>
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		
	16. \$	<b>0.00</b>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>
17c. Other. Specify: _____	17c. \$	<b>0.00</b>
17d. Other. Specify: _____	17d. \$	<b>0.00</b>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>		
	18. \$	<b>0.00</b>
<b>19. Other payments you make to support others who do not live with you.</b>		
	\$	<b>0.00</b>
Specify: _____		
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<b>0.00</b>
20b. Real estate taxes	20b. \$	<b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>
<b>21. Other:</b> Specify: _____	21. +\$	<b>0.00</b>
<b>22. Your monthly expenses.</b> Add lines 4 through 21. The result is your monthly expenses.	22. \$	<b>470.00</b>
<b>23. Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$	<b>440.00</b>
23b. Copy your monthly expenses from line 22 above.	23b. -\$	<b>470.00</b>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	<b>-30.00</b>
<b>24. Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.		
Explain: _____		



B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Katherine M. Mueller**

Debtor(s)

Case No.  
Chapter

**7**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **35** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **August 12, 2015**

Signature **/s/ Katherine M. Mueller**

**Katherine M. Mueller**

Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Katherine M. Mueller**

Debtor(s)

Case No.

Chapter

**7**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

---

**1. Income from employment or operation of business**

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>\$0.00</b>	<b>2015</b>
<b>\$0.00</b>	<b>2014</b>
<b>\$286.00</b>	<b>2013</b>

---

**2. Income other than from employment or operation of business**

None

☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

B7 (Official Form 7) (04/13)

2**3. Payments to creditors**

None

**Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF CREDITORDATES OF  
PAYMENTS

AMOUNT PAID

AMOUNT STILL  
OWING

None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF  
PAYMENTS/  
TRANSFERSAMOUNT  
PAID OR  
VALUE OF  
TRANSFERSAMOUNT STILL  
OWING

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND  
RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL  
OWING**4. Suits and administrative proceedings, executions, garnishments and attachments**

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT  
AND CASE NUMBERNATURE OF  
PROCEEDINGCOURT OR AGENCY  
AND LOCATIONSTATUS OR  
DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE  
BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF  
PROPERTY

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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**5. Repossessions, foreclosures and returns**

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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**6. Assignments and receiverships**

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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**7. Gifts**

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
David M. Siegel & Associates 790 Chaddick Drive Wheeling, IL 60090	11/4/14-8/12/15	\$900.00

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**10. Other transfers**

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,  
RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED  
AND VALUE RECEIVED

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER  
DEVICEDATE(S) OF  
TRANSFER(S)AMOUNT OF MONEY OR DESCRIPTION AND  
VALUE OF PROPERTY OR DEBTOR'S INTEREST  
IN PROPERTY**11. Closed financial accounts**

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR  
DIGITS OF ACCOUNT NUMBER,  
AND AMOUNT OF FINAL BALANCE  
**Checking & Savings Account**  
**1/8/14**AMOUNT AND DATE OF SALE  
OR CLOSING  
**\$0.00****Wells Fargo**  
**Bankruptcy Department**  
**4137 121st Street**  
**Urbandale, IA 50323****12. Safe deposit boxes**

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK  
OR OTHER DEPOSITORYNAMES AND ADDRESSES  
OF THOSE WITH ACCESS  
TO BOX OR DEPOSITORYDESCRIPTION  
OF CONTENTSDATE OF TRANSFER OR  
SURRENDER, IF ANY**13. Setoffs**

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

**14. Property held for another person**

- None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

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**15. Prior address of debtor**

None

- ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

**16. Spouses and Former Spouses**

None

- ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

- ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None

- ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None

- ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18 . Nature, location and name of business**

None

- ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
NAME				

None

- ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

**19. Books, records and financial statements**

None

- ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
------------------	-------------------------

None

- ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
------	---------	-------------------------

None

- ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None

- ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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**20. Inventories**

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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**21 . Current Partners, Officers, Directors and Shareholders**

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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**22 . Former partners, officers, directors and shareholders**

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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**23 . Withdrawals from a partnership or distributions by a corporation**

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**24. Tax Consolidation Group.**

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**25. Pension Funds.**

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date August 12, 2015

Signature /s/ Katherine M. Mueller  
**Katherine M. Mueller**  
Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

B8 (Form 8) (12/08)

**United States Bankruptcy Court  
Northern District of Illinois**In re **Katherine M. Mueller**

Debtor(s)

Case No.

Chapter

**7****CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> <b>-NONE-</b>	<b>Describe Property Securing Debt:</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

**PART B** - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b> <b>-NONE-</b>	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date **August 12, 2015**Signature **/s/ Katherine M. Mueller****Katherine M. Mueller**

Debtor

United States Bankruptcy Court  
Northern District of Illinois

In re Katherine M. Mueller

Debtor(s)

Case No.

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u>1,600.00</u>
Prior to the filing of this statement I have received .....	\$	<u>900.00</u>
Balance Due .....	\$	<u>700.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances (except in Chapter 13 cases), or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: August 12, 2015

/s/ David M. Siegel

David M. Siegel  
David M. Siegel & Associates  
790 Chaddick Drive  
Wheeling, IL 60090  
(847) 520-8100

Chapter 7 Bankruptcy Retainer Agreement

This agreement acknowledges that the undersigned individual(s) [Client(s)] hereby retains and employs the Law Firm of DAVID M. SIEGEL & ASSOCIATES [Attorney] for representation in a Chapter 7 bankruptcy case. In consideration for services rendered and to be rendered, the Client agrees to pay Attorney as follows:

- a) A **FLAT FEE** as specified in paragraph H will be required to file a bankruptcy petition for the Client and for representation of the Client through discharge. The fee includes all required court costs and filing fees, as well as compensation for Attorney's time and labor. The fee is immediate compensation for the firm's commitment to perform future services; the fee is property of the firm and may be deposited in the firm's operating or business account.
- b) Representation shall begin upon execution of this agreement and tender of the initial payment, and will continue until the end of the case. The fee includes the preparation, review, and revision of the bankruptcy petition, communications with the Client, representation and appearance at the §341 Meeting of Creditors and §2004 examinations as necessary, communication with the bankruptcy and United States trustees, communication with creditors, review and completion of reaffirmation agreements, and court appearances.
- c) The fee **does not** include representation in any adversarial proceedings. The Client and Attorney may enter in to an additional agreement to provide for representation in an adversarial proceeding. In the event that the case is converted to another Chapter, there may be an additional fee.
- d) Additional Fees:
  - A fee of \$250.00 shall be added in the event that Client misses the scheduled §341 Meeting of Creditors.
  - A fee of \$100.00 shall be added to amend Schedules D, E, and F to include creditors who were not originally provided by the Client. The Client has the full responsibility to ensure that all creditors are listed.
  - A fee of \$25.00 shall be added for any non-sufficient/returned checks. Post-dated checks are not accepted and will be voided upon receipt.
  - A fee of \$820.00 shall be added to reopen a case and file the second credit counseling certificate if the Client fails to take the second credit counseling course and provide Attorney with the certificate in a timely fashion.
- e) The Client will be billed on any outstanding balance at the rate of \$100.00 every two weeks. Clients who fail to make payments as required will be assessed late fees in the amount of \$25.00 per billing period plus interest at the rate of 18% per year on any unpaid balance.
- f) No case shall be filed until all fees are paid in full.
- g) In the event that a Client pays the flat fee in full, and later elects to not proceed with the case, the Client is entitled to a refund of the court costs and filing fees only.

**Important Bankruptcy Information**

**Debts that are Discharged**

The Chapter 7 discharge order eliminates a Client's legal obligation to pay a debt that is discharged. Most, but not all, types of debts are discharged if the debt existed on the date the bankruptcy case was filed. (If this case was begun under a different Chapter of the Bankruptcy Code and converted to a Chapter 7, the discharge applies to debts owed when the bankruptcy case was converted.)

**Debts that are Not Discharged**

Some of the common types of debts which are not discharged in a Chapter 7 bankruptcy case are:

- a) Debts for most taxes;
- b) Debts that are in the nature of alimony, maintenance, or support;
- c) Debts for student loans;
- d) Debts for most fines, penalties, forfeitures, or criminal restitution obligations;
- e) Debts for personal injuries or death caused by the Client's operation of a motor vehicle while intoxicated;
- f) Some debts that are not properly listed by the Client;
- g) Debts that the bankruptcy court specifically determines to be non-dischargeable;
- h) Debts for which the Client has given up the discharge protection by signing reaffirmation agreements in compliance with the Bankruptcy Code requirements for reaffirming debts.

H. The **FLAT FEE** for representation in this matter will be \$ 1,600.<sup>00</sup>.

Client acknowledge that he or she has read this agreement in its entirety, understands it fully, has had an opportunity to ask questions regarding this agreement, is satisfied with it, and accepts it in its entirety.

Date: 11/6/14

Signed: Katherine M. Mueller

Print: Katherine M. Mueller

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Print: \_\_\_\_\_

Date: 11/6/14

Signed: [Signature]  
Attorney for David M. Siegel

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Katherine M. Mueller**

Debtor(s)

Case No.

Chapter

**7**

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)**  
**UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Katherine M. Mueller**

Printed Name(s) of Debtor(s)

X **/s/ Katherine M. Mueller**

Signature of Debtor

**August 12, 2015**

Date

Case No. (if known)

X

Signature of Joint Debtor (if any)

Date

**Instructions:** Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.



**United States Bankruptcy Court  
Northern District of Illinois**

In re **Katherine M. Mueller**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **133**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **August 12, 2015**

**/s/ Katherine M. Mueller**

**Katherine M. Mueller**

Signature of Debtor

Advanced Allergists  
455 S. Roselle Rd,  
Suite #206  
Schaumburg, IL 60193

Alexian Brothers Behavioral Health  
21272 Network Place  
Chicago, IL 60673-1212

Alexian Brothers ER/CP  
c/o Alliance Laboratory Physicians  
PO Box 5968  
Carol Stream, IL 60197-5968

Alexian Brothers Medical Center  
800 Biesterfield Rd.  
Elk Grove Village, IL 60007

Alexian Brothers OP/AP  
c/o Alliance Pathology Consultants  
PO Box 5967  
Carol Stream, IL 60197-5967

Allergy & Asthma Associates  
c/o Creditors Coll. Bureau, Inc.  
PO Box 14022  
Wixom, MI 48393-1022

Allergy & Asthma Associates  
500 Skokie Blvd.  
Suite 140  
Northbrook, IL 60062

Allergy & Asthma Clinics  
1315 N Highland Ave  
Suite 202  
Aurora, IL 60506-1402

Alliance Laboratory Physicians Ltd  
8085 Rivers Ave  
Suite 100  
N. Charleston, SC 29406-5967

Alliance Labortory Physicians Ltd C  
Box 5968  
Carol Stream, IL 60197-5968

Alliance Pathology Cons  
c/o OAC  
PO Box 500  
Baraboo, WI 53913-0500

AllianceOne  
Bankruptcy Department  
4850 Street Road, Suite 300  
Trevose, PA 19053

American Medical Collection Agency  
4 Westchester Plaza  
Suite 110  
Elmsford, NY 10523

Americollect Inc.  
1851 S. Alverno Rd.  
PO Box 1566  
Manitowoc, WI 54220

Arlington Ridge Pathology S.C.  
520 E. 22nd St.  
Lombard, IL 60148

Armor Systems Corporation  
1700 Kiefer Drive  
Suite 1  
Zion, IL 60099

Aurora Health Care  
PO Box 091700  
Milwaukee, WI 53209-8700

Best Practices Inpatient Care, LTD.  
PO Box 268  
Lake Zurich, IL 60047-0268

Best Practices of Northwest, SC  
PO Box 23419  
Jacksonville, FL 32241-4419

Cardiovascular Associates  
5700 Cleveland St  
Suite 228  
Virginia Beach, VA 23462-1752

Center for Digestive Health  
725 Cherrington Parkway  
Moon Township, PA 15108

CEP America-Illinois PC  
914 14th Street  
Modesto, CA 95353

Cepameric Illinois, LLP  
PO Box 582663  
Modesto, CA 95358-0046

Choice Recovery  
1550 Old Henderson Road  
Suite 100-S  
Columbus, OH 43220

Comprehensive Urologic Care SC  
GGT SC  
22285 Pepper Road, Ste 201  
Lake Barrington, IL 60010-2540

Creditors Discount & Audit (RETA)  
415 E. Main St.  
PO Box 213  
Streator, IL 61364

Creditors Discount & Audit Co.  
Bankruptcy Department  
PO Box 1007  
Bloomington, IL 61702-1007

Dr. Gary Oberg MD  
c/o Genova Diagnostics  
Asheville, NC 28802-3220

DSG Collect  
PO Box 12619  
Chicago, IL 60612-0619

Dsg Collect  
1824 W Grand Ave Ste 200  
Chicago, IL 60622

Eagle Collection Corp  
553 S Industrial Drive  
Hartland, WI 53029

Elk Grove Radiology  
c/o Creditors Discount & Audit Co.  
415 Main St.  
Streator, IL 61364

Elk Grove Radiology, S.C.  
9410 Campubill Drive  
Orland Park, IL 60462-2627

Elk Grove, LLC  
3429 Regal Drive  
Alcoa, TN 37701-3265

ERMed SC  
7071 South 13th # 104  
Oak Creek, WI 53154-1475

Fedloan Servicing  
PO Box 60610  
Harrisburg, PA 17106

Fedloan Servicing  
US Department of Education  
PO Box 530210  
Atlanta, GA 30353-0210

Financial Corporation of America  
PO Box 203600  
Austin, TX 78720-3600

Forest Recovery Services, LLC  
PO Box 83  
Barrington, IL 60010-0083

Francis Cheng MD  
1345 Wiley Rd., Ste. 111  
Schaumburg, IL 60173-4356

Genova Diagnostics  
PO Box 3220  
Asheville, NC 28802-3220

GI Associates, LLC  
3033 S 27th Street  
Suite 202  
Milwaukee, WI 53215-3600

GI Pathology  
PO Box 1000  
Dept 461  
Memphis, TN 38148-0001

Harris & Harris, Ltd  
111 West Jackson Blvd  
Suite 400  
Chicago, IL 60604

HRRG  
PO Box 459080  
Sunrise, FL 33345

Infectious Disease Associates, PC  
PO Box 309  
Itasca, IL 60143-0309

Infinity Healthcare Physicians  
c/o Nationwide Credit Corporation  
PO Box 1022  
Wixom, MI 48393-1022

Inpatient Consultants of IL  
PO Box 92934  
Los Angeles, CA 90009

Inpatient Consultants of IL  
800 W Central Rd  
Arlington Heights, IL 60005

Integrity Solution Services, Inc.  
PO Box 1898  
Saint Charles, MO 63302-1898

Khursheed Ahmed MD SC  
33 W. Higgins Rd., Ste. 5100  
South Barrington, IL 60010-9115

Laboratory Corp. of America  
PO Box 2240  
Burlington, NC 27216-2240

Lake Cook Orthopedic Associates  
27401 W. Hwy. 22, Ste. 125  
Barrington, IL 60010

Lake Cook Orthopedic Associates  
PO Box 66080  
Chicago, IL 60666-0080

Lake County Radiology  
209 Peterson Road  
Libertyville, IL 60048

Lakeshore Gastroenterology  
PO Box 14905  
Chicago, IL 60614

LCA Collections  
PO Box 2240  
Burlington, NC 27216-2240

Lou Harris & Co.  
PO Box 701  
Wheeling, IL 60090-0701

Malcom S. Gerald & Assoc., Inc.  
332 S. Michigan Ave  
Suite 600  
Chicago, IL 60604

Medco Health Solutions, Inc.  
4865 Dixie Highway  
Fairfield, OH 45014

Medical Business Bureau, LLC  
1175 Devin Drive, Suite 171  
Norton Shores, MI 49441

Medical Recovery Specialists  
2250 E. Devon Ave., Ste. 352  
Des Plaines, IL 60018

Merchants Credit  
223 W. Jackson Blvd.  
Chicago, IL 60606-6908

Merchants Credit Guide  
223 W Jackson Blvd  
Suite 900  
Chicago, IL 60606-6908

Midwest Emergency Associates  
3429 Regal Drive  
Alcoa, TN 37701-3265

MiraMed Revenue Group  
991 Oak Creek Drive  
Lombard, IL 60148

Nationwide Credit  
Bankruptcy Department  
1874 Catasauqua Road, Ste 214  
Allentown, PA 18109

Nationwide Credit Corporation  
PO Box 1022  
Wixom, MI 48393-1022

Nationwide Credit Corporation  
815 Commerce Drive  
Suite 270  
Oak Brook, IL 60523-8852

Neurodiagnostic Consultants  
395 E Dundee Road  
Wheeling, IL 60090

North Shore University Healthsystem  
Billing Department  
23056 Network Place  
Chicago, IL 60673-1230

Northshore Univ. Healthsystem  
9851 Eagle Way  
Chicago, IL 60678-1098



NorthShore University Health  
Hospital Billing  
23056 Network Place  
Chicago, IL 60673

Northshore University Healthsystem  
c/o: Van Ru Credit Corp.  
1350 E. Touhy Ave. Ste 100E  
Des Plaines, IL 60018-3307

Northshore University HealthSystem  
100 South Owasso Blvd. W  
Saint Paul, MN 55117

Northwest Cardio-Vascular Assoc. SC  
880 W. Central Road, Ste. 7100  
Arlington Heights, IL 60005-2379

Northwest Collectors, Inc.  
3601 Algonquin Road  
Suite 232  
Rolling Meadows, IL 60008

Northwest Community Hospital  
800 W. Central Road  
Arlington Heights, IL 60005

Northwest Health Care Associates  
1555 Barrington Road  
Suite 2300A  
Hoffman Estates, IL 60169

Northwest Health Care Assocs.  
c/o Jeffrey H. Jordan  
PO Box 30863  
Gahanna, OH 43230

Northwest Heart Specialists S.C.  
1632 West Central Road  
Arlington Heights, IL 60005

Northwest neurology Ltd  
22285 Pepper Road  
Suite 401  
Barrington, IL 60010-2542

Northwest Neurology, Ltd  
22285 Pepper Rd  
Suite 401  
Lake Barrington, IL 60010-2542

Northwest Neurosurgery Institu  
880 Central Road  
Arlington Heights, IL 60005

Northwest Oncology & Hematology SC  
3701 Algonquin Road  
Suite 900  
Rolling Meadows, IL 60008

Northwest Radiology Associates  
520 E. 22nd St.  
Lombard, IL 60148

Northwest Suburban Anesthesiologist  
PO Box 1259, Dept. 92667  
Oaks, PA 19456

Northwest Suburban Medical  
c/o LCA Collections  
PO Box 2240  
Burlington, NC 27216-2240

Northwest Suburban Medical Group  
2500 West Higgins Road  
Suite 340  
Hoffman Estates, IL 60169-7207

Northwest Suburban Physicians, LLC  
5999 New Wilke Road  
Suite 200, Building 2  
Rolling Meadows, IL 60008-4502

Northwestern Medical Faculty Founda  
26609 Network Place  
Chicago, IL 60673-1266

Northwestern Memorial Hospital  
PO Box 73690  
Chicago, IL 60673-7690

NWHC Business Office  
2500 W. Higgins Road  
Suite 505  
Hoffman Estates, IL 60169-2171

OAC  
PO Box 500  
Baraboo, WI 53913-0500

OAC Collection Specialists  
PO Box 37110  
Milwaukee, WI 53237

Palatine Fire Department  
PO Box 457  
Wheeling, IL 60090

Pendrick Capital Partners  
6029 Ridge Ford Drive  
Burke, VA 22015-3650

Pendrick Inf Level  
Pinnacle Management  
514 Market Loop, Ste. 103  
West Dundee, IL 60118-2181

Phillip L Cacioppo, MD, SC  
800 Biesterfield Road  
Wimmer Suite 202  
Elk Grove Village, IL 60007

Quest Diagnostics  
Attn: Patient Billing  
1355 Mittl Boulevard  
Wood Dale, IL 60191-1024

Radiological Consultants/Woodstock  
9410 Compubill Drive  
Orland Park, IL 60462

Radiology Consult LTD  
360 W. Butterfield # 340  
Elmhurst, IL 60126

Regional Financial Services  
232 N Main Street  
Waynesville, NC 28786

Resurrection Health Care  
100 North River Road  
Des Plaines, IL 60016

Robert W Boxer, Md, Sc  
5500 Skokie Blvd  
Suite 140  
Northbrook, IL 60062-2811

Schaumburg Medicine & Endocrinology  
1439 W Schaumburg Road  
Schaumburg, IL 60194

Sigma Health PC  
10640 165th Street  
Orland Park, IL 60467

St. Alexian Brothers ER/CP  
800 Biesterfield road  
Elk Grove Village, IL 60007

St. Alexius MED CTR-BEHAV  
1650 Moon Lake Blvd  
Hoffman Estates, IL 60169

St. Alexius Medical Center  
PO Box 3495  
Toledo, OH 43607

Stanislaus Credit Control  
914 14th St., POB 480  
Modesto, CA 95354

State Collection Service  
PO Box 6250  
Madison, WI 53701

Superior Ground Amb Serv  
PO Box 1407  
Elmhurst, IL 60126

The Center for Digestive Health Ltd  
3033 S 27th Street  
Suite 202  
Milwaukee, WI 53215-3600

Transworld Systems  
2235 Mercury Way  
Suite 275  
Santa Rosa, CA 95407

Tricounty Emrg Physicians  
1600 High Street  
Pottstown, PA 19464

United Health Care 1  
c/o Village of Arlington Heights  
PO Box 95349  
Palatine, IL 60095-0349

United Health Care 1  
c/o Palatine Fire Department  
PO Box 457  
Wheeling, IL 60090-0457

University of Illinois  
Hospital & Health Sciences Systems  
PO Box 12199  
Chicago, IL 60612-0199

University of Illinois Medical Ctr  
PO Box 12199  
Chicago, IL 60612-0199

University of Illinois Physicians G  
1175 Devin Drive  
Suite 173  
Norton Shores, MI 49441

Village of Arlington Heights  
PO Box 95349  
Palatine, IL 60095-0349

Village of Buffalo Grove Fire Depar  
109 Deerfield Pkwy  
Buffalo Grove, IL 60089

Village of Hoffman Estates  
Department 2H  
PO Box 457  
Wheeling, IL 60090

Village of Lake Zurich - Ambulance  
Andres Medical Billing  
3343 N Ridge Ave  
Arlington Heights, IL 60004

Wellington Radiology  
2509 S. Stoughton Rd.  
Madison, WI 53716-3314

Wells Fargo  
Student Loan  
PO Box 84712  
Sioux Falls, SD 57117

Wells Fargo (Credit Cards)  
Bankruptcy Department  
4137 121st Street  
Urbandale, IA 50323

Wellsfargo  
Credit Bureau Dispute Resolution  
PO Box 14517  
Des Moines, IA 50306

West Sub Healthcare Med Group  
52256 Eagle Way  
Chicago, IL 60678-1522

West Suburban  
c/o Palatine Fire Department  
PO Box 457  
Wheeling, IL 60090-0457

Womancare PC  
369 N. Northwest Highway  
Palatine, IL 60067-2414

Womancare, PC  
c/o LCA Collections  
PO Box 2240  
Burlington, NC 27216-2240